

No. 6-Stores/NCDC/Liquid Nitrogen & Co2 Gas/2015-16
GOVERNMENT OF INDIA
NATIONAL CENTER FOR DISEASE CONTROL
(DIRECTORATE GENERAL OF HEALTH SERVICES)
22-SHAM NATH MARG, DELHI-110054

Dated: 16-10-15

To

Dear Sir/Madam,

Please let this office know if you can supply the items (**List below**), if so, please send your quotations giving in full specification and other terms & conditions of delivery etc. The quotation which could remain valid for at least 6 months may be sent in double covers duly wax sealed and prominently **No. 6-Stores/NCDC/Liquid Nitrogen & Co2 Gas/2015-16**.

| S.No. | Description of Items | Quantity |
|-------|----------------------|----------------------------|
| 1. | Liquid Nitrogen Gas | 2100 Ltrs. |
| 2. | Co2 Gas | 4 cylinders of 30 Kg. each |

The quotation should be addressed to the Chairperson, Purchase Committee, NCDC, 22-Sham Nath Marg, Delhi-110054 and should reach this office on or before 05-11-15 till 12.00 p.m.

The quotation which is not received duly sealed, mentioning this office letter number and last date of receiving will not be accepted. Certificate regarding VAT/PAN must be enclosed with the quotation. The firm has to ensure that sealed quotations have been put in Tender Box kept in Store Section after making proper entry in register. A copy of Performa of "Information required for submitting Tender Enquiry/Quotation for NCDC, Delhi" is also enclosed herewith.

Encl: As above.

Yours faithfully,

(PANKAJ KUMAR)
STORES OFFICER
FOR DIRECTOR

o/c/plk
16/10/15

Information required for submitting Tender Enquiry/Quotation for
National Centre for Disease Control (NCDC), 22 Shamnath Marg, Delhi - 54

1. Company Information:

| | |
|--|--|
| Company Name * | |
| Registration Number * | |
| Registered Address* | |
| Name of Partners / Directors | |
| BidderType* | |
| City * | |
| Postal Code* | |
| Company's Establishment Year | |
| Company's Nature of Business* | |
| Company's Legal Status* (Ltd/Undertaking/Joint Venture/Partnership/Others) | |
| Company Category * (Micro as per MSME/Small as per MSME/Medium as per MSME/Ancillary/Project Affected Person of this Company/SSI/Others) | |
| PAN/TAN No* | |

2. Contact Person Details:

| | |
|-----------------------------|--|
| Title * | |
| Contact Name* | |
| Date Of Birth (DD/MM/YYYY)* | |
| Correspondence Email* | |
| | |
| Designation | |
| Phone* | |
| Mobile* | |